

**CATHOLIC DAUGHTERS OF THE AMERICAS**  
**NATIONAL HEADQUARTERS**



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September, 2021

Worthy Circle of Love Chairman,

I want to personally thank you for accepting the challenge and the position of Court Chairman for the Circle of Love Program in your local court for 2021-2022.

Attached please find a copy of the newly revised and updated forms. Please be sure to ask your Regent for the name and address of the State Chairman to place on the form.

Please note the following guidelines for reporting on these forms:

- You should consider filling in the report from the two-year period of March 1, 2021 to February 28, 2022.
- As court chairman please select the **ONE** most outstanding event in your specific area of the Circle of Love your court participated in or accomplished that is unique and send to the state for consideration and recognition. Be sure to include a completed cover sheet, **“LOCAL Chairman to State Chairman.”**
- In addition to mailing it to the State Chairman, please keep a copy of the cover sheet and entry for your court files.
- **Each project may be used only once. It cannot be entered in many or all categories.**

Please encourage your courts to participate in this aspect of the Circle of Love Program.

Thank you for your dedicated service to our organization and to our Church through the Catholic Daughters of the Americas.

In Unity and Charity,

Sherry Nilles  
National Regent



Local Court to State Chairman  
Catholic Daughters of the Americas®  
**LEADERSHIP**  
Circle of Love Reporting Form  
March 1, 2021-February 28, 2022

Court Name \_\_\_\_\_ Number \_\_\_\_\_

Regent \_\_\_\_\_ Local Chairman \_\_\_\_\_

Number of Members \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Local Court Chairman: Please fill out this form (Print/Type) and mail to:

State Chairman: Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

**Title of the Project** \_\_\_\_\_

Describe **fully ONE project** in the **Circle of Love** program for **Leadership** done by your court this past year. What was the goal for the activity? How many were involved? What impact did the activity have on your court, parish, or community?

Please use the back of this page or additional sheets if necessary. Thank you for completing this report. We suggest that you keep a copy to pass on to the next chairman.



Local Court to State Chairman  
Catholic Daughters of the Americas®

**FAMILY**

Circle of Love Reporting Form  
March 1, 2021 – February 28, 2022

Court Name \_\_\_\_\_ Number \_\_\_\_\_

Regent \_\_\_\_\_ Local Chairman \_\_\_\_\_

Number of Members \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Local Court Chairman: Please fill out this form (Print/Type) and mail to:

State Chairman: Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

**Title of the Project** \_\_\_\_\_

Describe **fully ONE project** in the **Circle of Love** program for **Family** done by your court this past year. What was the goal for the activity? How many were involved? What impact did the activity have on your court, parish, or community?

Please use the back of this page or additional sheets if necessary. Thank you for completing this report. We suggest that you keep a copy to pass on to the next chairman.



Local Court to State Chairman  
Catholic Daughters of the Americas®  
**QUALITY OF LIFE**  
Circle of Love Reporting Form  
March 1, 2021 – February 28, 2022

Court Name \_\_\_\_\_ Number \_\_\_\_\_

Regent \_\_\_\_\_ Local Chairman \_\_\_\_\_

Number of Members \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Local Court Chairman: Please fill out this form (Print/Type) and mail to:

State Chairman: Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

**Title of the Project** \_\_\_\_\_

Describe **fully ONE project** in the **Circle of Love** program for **Quality of Life** done by your court this past year. What was the goal for the activity? How many were involved? What impact did the activity have on your court, parish, or community?

Please use the back of this page or additional sheets if necessary. Thank you for completing this report. We suggest that you keep a copy to pass on to the next chairman.



Local Court to State Chairman  
Catholic Daughters of the Americas®  
**SPIRITUAL ENHANCEMENT**  
Circle of Love Reporting Form  
March 1, 2021 – February 28, 2022

Court Name \_\_\_\_\_ Number \_\_\_\_\_

Regent \_\_\_\_\_ Local Chairman \_\_\_\_\_

Number of Members \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Local Court Chairman: Please fill out this form (Print/Type) and mail to:

State Chairman: Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

**Title of the Project** \_\_\_\_\_

Describe **fully ONE project** in the **Circle of Love** program for **Spiritual Enhancement** done by your court this past year. What was the goal for the activity? How many were involved? What impact did the activity have on your court, parish, or community?

Please use the back of this page or additional sheets if necessary. Thank you for completing this report. We suggest that you keep a copy to pass on to the next chairman.



Local Court to State Chairman  
Catholic Daughters of the Americas®  
**EDUCATION**  
Circle of Love Reporting Form  
March 1, 2021 – February 28, 2022

Court Name \_\_\_\_\_ Number \_\_\_\_\_

Regent \_\_\_\_\_ Local Chairman \_\_\_\_\_

Number of Members \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Local Court Chairman: Please fill out this form (Print/Type) and mail to:

State Chairman: Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

Title of the Project \_\_\_\_\_

Describe **fully ONE project** in the **Circle of Love** program for **Education** done by your court this past year. What was the goal for the activity? How many were involved? What impact did the activity have on your court, parish, or community?

Please use the back of this page or additional sheets if necessary. Thank you for completing this report. We suggest that you keep a copy to pass on to the next chairman.



Local Court to State Chairman  
Catholic Daughters of the Americas®  
**LEGISLATION**  
Circle of Love Reporting Form  
March 1, 2021 – February 28, 2022

Court Name \_\_\_\_\_ Number \_\_\_\_\_

Regent \_\_\_\_\_ Local Chairman \_\_\_\_\_

Number of Members \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Local Court Chairman: Please fill out this form (Print/Type) and mail to:

State Chairman: Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

**Title of the Project** \_\_\_\_\_

Describe **fully ONE project** in the **Circle of Love** program for **Legislation** done by your court this past year. What was the goal for the activity? How many were involved? What impact did the activity have on your court, parish, or community?

Please use the back of this page or additional sheets if necessary. Thank you for completing this report. We suggest that you keep a copy to pass on to the next chairman.



Local Court to State Chairman  
Catholic Daughters of the Americas®  
**YOUTH / JCDA**  
Circle of Love Reporting Form  
March 1, 2021 – February 28, 2022

Court Name \_\_\_\_\_ Number \_\_\_\_\_

Regent \_\_\_\_\_ Local Chairman \_\_\_\_\_

Number of Members \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Local Court Chairman: Please fill out this form (Print/Type) and mail to:

State Chairman: Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

## Part I: YOUTH

Title of the Project \_\_\_\_\_

Describe **fully ONE project** in the **Circle of Love** program for **Youth** done by your court this past year. What was the goal for the activity? How many were involved? What impact did the activity have on your court, parish, or community?

Please use the back of this page or additional sheets if necessary. Thank you for completing this report. We suggest that you keep a copy to pass on to the next chairman.





**Local Court to State Chairman  
Catholic Daughters of the Americas®  
YOUTH / JCDA  
Circle of Love Reporting Form  
March 1, 2021– February 28, 2022**

Court Name \_\_\_\_\_ Number \_\_\_\_\_

**Part II: JCDA**

1. Does your court sponsor a Junior or Juniorette court?
2. If you answered no to the above question, are you planning on starting one soon? Please include details.
3. If you answered yes, please answer the following questions.
4. What is the name of the Junior court and how many members are in the court?
5. What is the name of the Juniorette court and how many members are in the court?

Describe ONE outstanding project from the Junior or Juniorette Court. What was the goal for the activity? How many were involved? What impact did the activity have on your court, parish, or community?

**Title of the Project** \_\_\_\_\_

**Please use the back of this page or additional sheets if necessary. Thank you for completing this report. We suggest that you keep a copy to pass on to the next chairman.**